

National Resource Center on Nutrition and Aging
CONSIDERATIONS FOR SENIOR NUTRITION PROGRAMS (SNP) OFFERING HOME DELIVERED MEALS
April 28, 2021

Important: Recommendations in this document do not supersede any state or local decisions.

During the COVID-19 pandemic and moving forward into the nation's recovery and reopening, the SNP network has requested assistance in understanding the requirements for home delivered meals and how they can be implemented during this time. This document provides suggestions and considerations for SNPs to use on:

- Background and general considerations
- Eligibility and reporting
- Considerations for:
 - Nutrition assessment policies
 - Home delivered meals policies
 - Staff and volunteer assignments
- Additional opportunities to explore

The Administration for Community Living (ACL) realizes how valuable and essential the aging network nutrition services are for high-risk older adults in our communities. ACL encourages you to communicate with your colleagues and others across the nation, in your states, and in your localities, on how best to continue to serve those in need. We are stronger together and our partnership serves as a powerful platform to support older adults. ACL appreciates what you do for our older Americans, each day, across our great nation.

Background and general considerations

Neither federal law, such as the Older Americans Act (OAA), nor ACL regulations restrict home delivered meals to homebound individuals; this applied prior to the COVID-19 pandemic (and related flexibilities) and will extend beyond the recovery.

The OAA permits the provision of nutrition services to:

- Older adults and their spouses
- Individuals with disabilities who are not older adults but who reside in housing facilities occupied primarily by older adults at which congregate nutrition services are provided
- Individuals with disabilities who reside at home with eligible older adults

While COVID-19 vaccines are now available in the US, the Centers for Disease Control and Prevention (CDC) is still learning how vaccination will affect the spread of COVID-19. Therefore, the CDC advises that people should continue to practice social distancing and wear masks in public. See the CDC's [Vaccines for COVID-19 website](#) for the most up-to-date guidance.

ACL encourages State Units on Aging (SUAs), Area Agencies on Aging (AAAs) and local providers to implement a strategy for their programs and home delivered meal services that can be scaled up or down depending on evolving local public health concerns and their effects on the health and safety of program participants, staff, and volunteers. *In general, SNPs are encouraged to plan two steps ahead while also preparing for a step backward, and keeping their participants, staff, and volunteers aware of the possibility of these changes.*

Eligibility and reporting

During both emergency and non-emergency situations, eligibility for home delivered meal services is determined solely by state and local entities. They also have the authority to modify these eligibility requirements as needed. For example, states can choose to restrict home delivered meals to “homebound” individuals but expand this category to include individuals practicing social distancing. Or states may choose not to have any “homebound” requirement for the provision of home delivered meals.

State-established requirements for initial assessments, wellness checks, and nutrition education can also be modified in order to maintain high quality service to meet the needs of vulnerable older adults during emergent situations. Some examples of this include moving services from in-person to virtual settings, partnering with other organizations to expand their reach within the older adult community, and leveraging additional funding streams to serve other populations based on need.

The OAA does not require a participant to complete an assessment in order to receive a home delivered meal. However, most states, AAAs, and local providers have established their own assessments to determine participant eligibility. In addition, many of these assessments include the Nutrition Screening Initiative (NSI) Checklist, which is required as a part of the [State Program Report](#) (SPR).

Note: The OAA does not specify the exact form or sequence of questions necessary to determine a participant's nutritional risk, however whatever assessment is used must specifically correlate with the questions used on the NSI Checklist. Similarly, the OAA does not indicate how the assessment should take place. It can be conducted in-person, online, or by phone.

Considerations for nutrition assessment policies

The following are suggested considerations for SNP’s developing their nutrition assessment policies during the COVID-19 pandemic:

- An assessment to determine eligibility for home delivered meals is not the same as a nutrition assessment. Registered dietitians or persons with equivalent training generally perform nutrition assessments.
- A nutrition assessment is a “systematic approach for collecting, classifying, and synthesizing important and relevant data to describe nutritional status related nutritional problems, and their causes.”¹ The purpose is to help establish whether other nutrition services (e.g., special diets, nutrition supplements) or referrals (e.g., to chronic disease self-management, DSME) may be appropriate, based on the needs of a meal recipient.
- SUAs, AAAs, and local providers may develop specific nutritional assessment tools, which they may modify as needed.
- The OAA does not address specific implementation of nutrition assessments. It is the responsibility of the SUAs to develop regulations, policies, procedures, guidance, and technical assistance to address program administration.

Considerations for home delivered meal policies

The following are suggested considerations for SNP’s developing their home delivered meal policies during the COVID-19 pandemic:

¹ [Academy of Nutrition and Dietetics, Definition of Terms List](#), February 2021. Page 29,

- SNPs should assure the health and safety of homebound participants, including those congregate participants who are homebound by virtue of self-isolation.
- Program staff delivering meals may need to wear protective gear such as gloves and a mask to prevent the potential spread of COVID-19.
- SNPs will likely need to prioritize participants by their need for meals. For example, the home delivered participant who needed meals previously because their live-in daughter was working may now no longer need the meals because the daughter is at home and able to prepare meals for the participant. On the other hand, a congregate participant who lives alone and attended the congregate meals site using public transit may now be at high-risk for food insecurity. See [Senior Nutrition Program Prioritizing Participants](#).
- Consider policies for scaling up and down depending on individual circumstances. To keep staff and others safe, older adults may need to quarantine if they are feeling ill or think they have been exposed to COVID-19. In this case, a home delivered meal should be provided.

Possible solutions for home delivered meal challenges:

- Consolidate meal deliveries to limit contact with participants. Distributing multiple meals at one time may be the preferred method because it means fewer deliveries and puts fewer volunteers at risk. Delivering a combination of hot and frozen meals, multiple frozen meals, or a week of shelf-stable meals are all acceptable means of providing home delivered meals and should be considered.
- Package home delivered meals and groceries together with other supplies as much as possible. Ensure that packages do not exceed the physical ability of older adult participants to lift and carry into the home. Place a weighted container, such as a box or Styrofoam container, under the package to prevent the delivered items from touching the floor and to eliminate the need for participants to bend.
- When delivering to participant homes, delivery methods with limited contact should be used, such as leaving meals at the door. If a meal or package is delivered without face-to-face contact, the deliverer should establish the best way to alert the participant of the delivery, such as by knocking or ringing the doorbell, or making visual or audio contact with the participant.
- Be sure to make visual or audio contact with the participant during each meal delivery. Participants who do not come to the door, or for whom visual or audio contact cannot be made, should be contacted by telephone to check their well-being. If you are unable to reach them, contact their emergency contact or local authorities to do a wellness check.

Not recommended:

- Do not leave delivered meals (hot, cold, or shelf-stable) or groceries at a participant's home without making visual or audio contact. This approach does not align with safe food handling practices and increasing the risk of contamination and foodborne illness. In addition, it increases the risk of theft.

Considerations for staff or volunteer assignments

The following are suggested considerations for SNP's developing policies around staff and volunteer assignments during the COVID-19 pandemic:

- It is a state and local decision on how SNPs decide to allocate staff and volunteer resources. *If your staff is grant funded, please contact your granting agency for any guidance.*
- Keep in mind feasibility, practicality, and legality in each community. New COVID-19 guidance, developments around emergent variants, or other changes should result in an immediate reevaluation of reopening and service delivery decisions.

- Staff and volunteers may require unplanned absences due to health and safety concerns.
- Consider reassigning staff and volunteers to program areas that are most in need. For example, senior center staff may assist with distributing grab-and-go meals or coordinating social engagement activities.

Additional opportunities to explore

The following are additional ideas and resources that SNP's can consider during the COVID-19 pandemic:

- Examine and build on current Continuity of Operations procedures (COOP) in your state or locality.
- Leverage virtual information sharing and networking platforms including email Listservs for ideas and recommendations.
- Encourage participants who live with family members to support participant nutritional needs so that services can be targeted to more vulnerable older adults who may live alone and have few family supports.